



Bible Fellowship Church Expense Report 2025

Name: _____ Date Requested: _____

Address: _____

Check will be sent to this address

Department:

Reimbursement Request Type:

Executive Board	BFC Life	Supplies	Travel / Mileage
Board of Missions	Youth & Young Adults	Training	Meals
Church Extension	Communications	Other:	
Church Health	Other:		

A Receipt Details / Purpose		Date	Amount
1			
2			
3			
4			
5			
6			
7			
8			

Mileage Reimbursement

B Date & Location(s) Traveled		Miles	Calculated Reimbursement
1			
2			
3			
4			
5			

G Total Amount for Reimbursement			
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Signature: _____ Email Address: _____

Phone: _____

Please return to physical address below or email form to office@bfc.org

Bible Fellowship Church
1011 Brookside Rd, PO Box 3555
Allentown, PA 18106-0555

Be sure to enclose/attach all receipts

FOR INTERNAL USE ONLY:

GL Account #: _____ Expense Report #: _____

Approval Signature: _____ Check #: _____

Approval Date: _____ Check Mailed Date: _____